



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
**APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

**INSTRUCTIONS:** Please print. Complete entire application, attach additional sheets if necessary. **Resumes are not accepted in lieu of a completed application.**

**PERSONAL INFORMATION**

LAST NAME		FIRST	MIDDLE
HOME ADDRESS - STREET		CITY	STATE ZIP CODE
TELEPHONE NUMBER - HOME		BUSINESS	ALTERNATE
Have you ever worked under the Missouri Merit System? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what previous name(s) have you worked under? _____			
List name(s) of agency and dates employed: _____			
If applicable to your profession, give association or licensing authority and certification, registration or license number.			

**EDUCATION - GIVE YOUR COMPLETE EDUCATIONAL HISTORY BELOW**

High School graduate or equivalency (GED) certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HIGHER EDUCATION	MAJOR AND	SEMESTER HOURS IN	TOTAL SEMESTER	DEGREE
NAME AND LOCATION	RELATED SUBJECTS	THOSE SUBJECTS	HOURS IN ALL SUBJ.	EARNED

**MILITARY SERVICE**

BRANCH OF SERVICE	FROM	TO

**NAME OF RELATIVES NOW WORKING FOR THE DEPARTMENT OF SOCIAL SERVICES. (RELATIVES DEFINED AS: SPOUSE, PARENTS, CHILDREN, GRANDPARENTS, GRANDCHILDREN, SIBLINGS, FIRST COUSINS, IN-LAWS, AUNTS, UNCLES, NEPHEWS, NIECES (TO INCLUDE ALL BLOOD, STEP AND FOSTER RELATIONSHIPS.))**

NAME	RELATIONSHIP	DIVISION OF WORK

**EMPLOYMENT RECORD**

Describe in detail all positions that you have had during the last five (5) years. Start with your present employment (or if unemployed, your most recent employment) and list your employment record in **REVERSE ORDER**. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment. Attach extra sheets if necessary. Be sure to indicate where this record of your experience may be verified.

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	YR	MO	YR		
	TELEPHONE					
	NAME OF SUPERVISOR					
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	YR	MO	YR		
	TELEPHONE					
	NAME OF SUPERVISOR					

**EMPLOYMENT RECORD (CONTINUED)**

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	YR	MO	YR		
	TELEPHONE					
	NAME OF SUPERVISOR					
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM	TO			POSITION HELD AND DESCRIPTION OF DUTIES	REASON FOR LEAVING
	MO	YR	MO	YR		
	TELEPHONE					
	NAME OF SUPERVISOR					

**CONDITIONS OF EMPLOYMENT WITH DSS**

1. You may be required to work outside of your normal work schedule, including early mornings, nights or weekends. Would you accept this condition?  
☐ YES ☐ NO
2. You may be required to travel. Would you accept this condition? ☐ YES ☐ NO
3. Compensatory time is normally granted in lieu of overtime payment in cash. Would you accept this condition? ☐ YES ☐ NO
4. If hired at a monthly rate above \$2,000, you will be required to direct deposit your paycheck. Would you accept this condition? ☐ YES ☐ NO
5. Failure to file all Missouri state income tax returns and pay all state income taxes owed may result in dismissal from employment. Would you accept this condition? ☐ YES ☐ NO
6. If you are male aged 18 through 26, you must be registered with the Selective Service Administration to be employed by DSS in compliance with the U.S. Military Selective Service Act. Would you accept this condition? ☐ YES ☐ NO If yes, do you certify that you are registered with the Selective Service Administration or that you are not a male aged 18 through 26 and therefore not required to register with the Selective Service Administration? ☐ YES ☐ NO
7. Have you ever been convicted of any law violation, or are you now under charges for any offense? ☐ YES ☐ NO (If yes, this does not necessarily exclude you from consideration for employment.) Provide a full explanation including dates of all convictions and current charges, including misdemeanors or felonies, and indicate whether you are currently on or have been on supervised or unsupervised probation.  
  

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NOTE: Be advised that DSS conducts post-employment background reviews of all employees. DSS may refuse to hire individuals or may dismiss employees upon learning that:

- they have been involved as a perpetrator in any child or elderly abuse which was substantiated or determined probable cause or reason to suspect and documented by a state agency (regardless of whether proven in court and whether a criminal conviction of any kind occurred.); or
- for any criminal acts, they have been convicted, found guilty, pled guilty or no contest or nolo contendere, or received a suspended imposition of sentence (regardless of whether incarceration actually occurred).

**READ VERY CAREFULLY  
BEFORE SIGNING**

I HEREBY CERTIFY that this application does not contain willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation, falsification, or concealment as to a material fact, it will be sufficient grounds for rejection of my application and/or removal from employment.

I hereby authorize the Department of Social Services (DSS) to investigate, obtain and compile information concerning my employment history; to obtain a copy of my college transcript(s); and to conduct an annual record review of myself, including information pertaining to any report of child abuse or neglect revealed by an examination of the Central Registry of the Department of Social Services, and/or information related to any convictions for criminal acts. I release DSS from any legal liability that may result from these investigations.

SIGNATURE	DATE